

# REQUEST FOR NETWORK ACCESS

For use of this form, see TAMC Pam 25-1. The proponent activity is IMD.

## SECTION I. APPLICANT INFORMATION (To be completed by Applicant's Supervisor)

LEGAL NAME (LAST, FIRST MI): \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
LAST FIRST MI

OFFICIAL AKO EMAIL ADDRESS: \_\_\_\_\_@US.ARMY.MIL RANK / GRADE: \_\_\_\_\_

DEPARTMENT / ORGANIZATION NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

LOCATION - BUILDING / WING / FLOOR / ROOM # - (TAMC ONLY): \_\_\_\_\_

CHECK APPROPRIATE STATUS BOX:

MILITARY: ☐ ACTIVE DUTY ☐ RESERVE: ROTATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY  
☐ USA ☐ USAF ☐ USN ☐ USMC ☐ USCG

CIVILIAN: ☐ CIVIL SERVICE ☐ VETERAN'S ADMIN. ☐ RED CROSS VOLUNTEER ☐ STUDENT LIST SCHOOL: \_\_\_\_\_

CONTRACT: ☐ COMPANY INFO: COMPANY NAME \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CONTRACT #: \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_ CONTRACT END DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

REQUESTED SERVICES: ☐ NETWORK ACCOUNT ☐ OUTLOOK

## SECTION II. SUPERVISOR INFORMATION (To be completed by Applicant's Supervisor)

I verify the access requested is required by the applicant to perform his/her job function(s).

SUPERVISOR NAME (LAST, FIRST MI): \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST MI

SUPERVISOR EMAIL ADDRESS: \_\_\_\_\_@US.ARMY.MIL

SUPERVISOR SIGNATURE: \_\_\_\_\_ MM / DD / YYYY

## SECTION III. SECURITY OFFICE VERIFICATION (Security Office located in 2D235)

This applicant has a(n): ☐ NAC ☐ NACI ☐ OTHER, LIST: \_\_\_\_\_ ☐ WAIVER

U.S. CITIZEN: ☐ YES ☐ NO IF NO, PROVIDE COUNTRY OF NATIONALITY: \_\_\_\_\_  
(ACTIVE DUTY MILITARY ARE EXEMPT)

SECURITY OFFICER SIGNATURE: \_\_\_\_\_ MM / DD / YYYY

## SECTION IV. RESPONSIBILITY STATEMENT (To be read and acknowledged through applicant's signature)

As an employee of the Federal Government and/or user of Tripler Army Medical Center information systems (IS) resources, I am cognizant of my responsibilities as outlined in the Acceptable Use Policy I have been provided. I also acknowledge all actions performed with my network account are subject to monitoring and that I am responsible for any inappropriate or criminal acts associated with my network account.

APPLICANT'S SIGNATURE: \_\_\_\_\_ MM / DD / YYYY

## SECTION V. INFORMATION MANAGEMENT DIVISION (Completed by IMD when creating account (Located in 5A017))

IMD OFFICIAL SIGNATURE: \_\_\_\_\_ MM / DD / YYYY

**PRIVACY ACT STATEMENT - PRINCIPAL PURPOSE(S):** To collect social security number and other personal identifiers during network account creation process, to ensure positive identification of the applicant who signs the form. **ROUTINE USES:** Information is used in the security investigation process. **DISCLOSURE:** Voluntary; however, failure to provide the information may result in the denial of a network account.